|  | PATENT A                                 | RD  | RD 10634304<br>MWS-030 |                                 |                      |                  |           |                   |                   |                       |         |                     |                        |
|--|--|---|------------------------|---------------------------------|----------------------|------------------|-----------|-------------------|-------------------|-----------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                        |                                 |                      |                  |           | SMALL<br>TYPE     | ENT               | rity<br>I             | OR      | OTHER               |                        |
| TOTAL CLAIMS   |  |   | 36                     |                                 |                      |                  |           | RATE              |                   | FEE                   |         | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED           |                                 | NUMBER EXTRA         |                  |           | BASIC FEE         |                   | 375.00                | OR      | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | .36 minus 20=          |                                 | . 16                 |                  |           | X\$ 9=            |                   |                       | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =            |                                 | · P                  |                  |           | X42=              |                   |                       | OR      | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT                 |                                 |                      |                  |           | +140=             |                   | <del> </del>          | OR      | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                        |                                 |                      |                  |           | TOTAL             |                   |                       | OR      | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                        |                                 |                      |                  |           | <b>A</b>          | <b>بد</b><br>. حد |                       | ^~      | OTHER               |                        |
|  |  | (Column 1)<br>CLAIMS                      |                        | (Colum                          |                      | (Column 3)       | SMALL     |                   |                   | OR<br>I 1             | SMALL   |                     |                        |
| ENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                        | NUMI<br>PREVIO<br>PAID          | BER<br>DUSLY         | PRESENT<br>EXTRA |           | RATE              | - 1 _             | ADDI-<br>TONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total                                    | . 43                                      | Minus                  | ** 2                            | 36                   | = 7              |           | X\$ 9=            |                   |                       | OR      | X\$18-              | 350,0                  |
| <b>AME</b>   | Independent                              | · 4                                       | Minus                  |                                 |                      | = /              |           | X42=              | 1                 |                       | OR      | (00.<br>*84=        | 200,4                  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT |   |                        |                                 | CLAIM                |                  | 1         | +140=             | 1                 |                       | OR      | +280=               |                        |
|  |  |   |                        |                                 |                      |                  |           | TOTA              |                   |                       | 00      | TOTAL<br>ADDIT. FEE | 750 O                  |
|  |  |   | ADDIT. FE              | .c <b>L</b>                     |                      | •                | nuun, FEE |                   |                   |                       |         |                     |                        |
| NT B   |  | (Column 1) CLAIMS REMAINING AFTER         |                        | (Colur<br>HIGH<br>NUM<br>PREVIO | HEST<br>BER<br>OUSLY | PRESENT EXTRA    |           | RATE              | •                 | ADDI-                 |         | RATE                | ADDI-<br>TIONAL        |
| AMENDMENT  | Total                                    | AMENDMENT                                 | Minus                  | PAID                            | FUH                  | =                |           | X\$ 9=            | +                 | FEE                   |         | X\$18=              | FEE                    |
| AENI   | Independent                              | *   | Minus                  | ***                             | <del></del> .        | =                |           |                   | 十                 |                       | OR      |                     |                        |
| A  |  | NTATION OF M                              | JLTIPLE DEI            | PENDENT                         | CLAIM                |                  |           | X42=              | +                 |                       | OR      | X84=                |                        |
|  |  |   |                        |                                 |                      |                  |           | +140=             |                   | من می می در           | OR      | +280=               |                        |
|  |  |   |                        |                                 |                      |                  |           | TOTA<br>ADDIT. FE | •                 |                       | OR      | TOTAL<br>ADDIT. FEE | •                      |
| (Column 1) (Column 2) (Column 3)   |  |   |                        |                                 |                      |                  |           |                   |                   |                       |         |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | HIGH<br>NUM<br>PREVIO<br>PAID   | BER                  | PRESENT          |           | RATE              |                   | ADDI-<br>IONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                                    | *   | Minus                  | ##                              |                      | =                |           | X\$ 9=            | T                 |                       | OR      | X\$18=              |                        |
| AME  | Independent                              | *   | Minus                  | ***                             |                      | =                |           | X42=              | 1                 |                       | OR      | X84=                |                        |
|  | FIRST PRESE                              | NTATION OF M                              | ULTIPLE DEPENDENT      |                                 | CLAIM                |                  |           |                   | +                 | <del></del>           |         | +280=               | <b> </b>               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                        |                                 |                      |                  |           |                   |                   |                       | OR      | TOTAL               |                        |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |                        |                                 |                      |                  |           |                   |                   |                       | OR      | ADDIT. FEE          | •                      |
|  | The "Highest Nun                         | nber Previously Pa                        | id For" (Total o       | or Independ                     | lent) is the         | e highest numb   | er fo     | und in the        | appr              | opriate bo            | x in co | lumn 1.             |                        |